# Police (HPD)



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



# PUBLIC DISCLOSURE FORM FOR CALENDAR YEAR 2013

2014 JAN 14 AM 8: 01

(PRINT OR TYPE CLEARLY)
NAME Louis M. Kealoha POSITION/ELECTIVE OFFICE Chief of Police
DEPARTMENT/AGENCY Honolulu Police Department
NAME OF SPOUSE_ Katherine E. K. P. Kealoha
Check the appropriate box and fill in any applicable dates:  INITIAL STATEMENT: Date on which you assumed office or began employment in this position
real mast me within twenty (20) working days after this date disclosing financial interests held during the preceding calendar year.
ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year.
LEAVING OFFICE STATEMENT: You are leaving or have left your office on and mus file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year.
CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement.
VERIFICATION
I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 through 9, and to the best of my knowledge the information provided in this form is true and correct.
Date, 20 Signature Signature

# **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 <b>-</b> \$399,999	M. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. INCOME. Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None	Additional sheets attached
------	----------------------------

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
Applicant	Honolulu Police Dept., C&C of Honolulu	Chief of Police	2013	G
pouse	Prosecuting Attorney, C&C of Honolulu	Prosecutor	2013	F

3

findsfrm Rev. 8/01/11

<sup>&</sup>quot;F" for filer

<sup>&</sup>quot;SP" for spouse

<sup>&</sup>quot;DC" for dependent children

<sup>&</sup>quot;JT" for joint interests of the filer and filer's spouse

Person(s) Incurring D	ebt Credito	nr.	Original Loa	n Amount	۸۳	oount Outstanding
- Foresti(a) mounting B	Circuit	,	Original Loa	III Amount	All	nount Outstanding
	<del></del>					·
or more or equal to accounts in federal	NTERESTS IN BUSINESSES 10% or more of ownership of but or state regulated financial ins lisclosed under this item.	sinesses incorporate	ed, regulated, o	r licensed to carry	on busines	ss in Hawaii. Do not r
or more or equal to accounts in federal	10% or more of ownership of but or state regulated financial ins	sinesses incorporate stitutions, mutual ins	ed, regulated, o	r licensed to carry	on busines	ss in Hawaii. Do not re
or more or equal to accounts in federal the fund or trust is d	10% or more of ownership of but or state regulated financial institutions its institution.	sinesses incorporate stitutions, mutual ins	ed, regulated, o	r licensed to carry	on busines	ss in Hawaii. Do not re
or more or equal to accounts in federal the fund or trust is d	10% or more of ownership of but or state regulated financial institutions lisclosed under this item.  Additional sheets attached Business Name and	sinesses incorporate stitutions, mutual ins	ed, regulated, o	r licensed to carry s, or individual iter	on busines	es in Hawaii. Do not ro utual fund or blind tro
or more or equal to accounts in federal the fund or trust is d	10% or more of ownership of but or state regulated financial institutions lisclosed under this item.  Additional sheets attached Business Name and	sinesses incorporate stitutions, mutual ins	ed, regulated, o	r licensed to carry s, or individual iter	on busines	es in Hawaii. Do not ro utual fund or blind tro

4. OWN licens	ERSHIP C	OR INTERESTS To on business in I	ΓRANSFERI ⊣awaii.	RED. Only report	transfers of	ownerships	or interests in businesses i	ncorporated, regulated, o
	None	Addition	al sheets att	ached				
	Owners	hip or Interest		Date of Tra	nsfer	· · · · · ·		
							114-11	
organ	ization, wł	hether or not ope	erated for pro	include, but are no ofit. Fiduciary po ons in non-profit o	sitions also	include bei	directorships, or positions as ng a majority shareholder	strustee in <b>any busi</b> ness o n a small or closely held
	None		al sheets att	·	orporations	•		
Position		Holder	Name &	Address of Busin	ess or Orga	ınization	Term of Office	Annual Compensation
	;							

1							
6.	CREDITOR INTERESTS IN	INSOLVEN	NT BUSINESS worth \$5,0	00 or more.			
	None Ad	ditional shee	ets attached				
	Holder		Name & Address o	f Business	Nature of Busin	ess	Value
7.	CLIENTS PERSONALLY R the preceding calendar yea authority and do not need to	r. Do not re	eport representation involve	CIES. Only report ving ministerial n	t representation for wh natters. "Ministerial	nich you re matters" d	ceived compensation durin lo not require discretionar
	✓ None	ditional shee	ts attached				
	Representative		Client	City	Agency	Natu	ure of Representation

None	Additional	sheets attached			
Owner(s)	Тах Мар	Key Number & St	reet Address	Value	Year Obtained
Applicant and Spouse	TMK 3906504600	00; 7014 Niumalu 96825	Loop,	Р	2013
	TMK 1106503701 Honolulu, Hawaii		ni Street, No. 1208,	1	1986
9. <b>REAL PROPE</b> year. For this i	tem, indicate the act	D. Only report real ual amount of the to sheets attached	property transferred ransaction, even if it i	in the City and County of Hono s less than the value (as in the	olulu during the preceding calenda e case of a gift).
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key N	umber & Street Address
Applicant and Spouse	Peter Schneider	09-04-2013	P	TMK 350100100000; 101	18 Kealaolu Avenue, Honolulu,



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

RECEIVED CITY CLERK C & C OF HONOLULU

# PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2014

2013 DEC 23 AM 7:56

(PRINT	FOR TYPE CLEARLY	<b>Y</b> )				
NAME	Dave M. Kajihiro		POSIT	TON/ELECTIVE OFFICE _	Deputy Chief of Police	
DEPAR	RTMENT/AGENCY	Honolulu Police I	Department			
NAME	OF SPOUSE_ Grace	e H. Kajihiro				<del></del>
Check	the appropriate box a	nd fill in any applica	ble dates:			
	INITIAL STATEMEN You must file within	NT: Date on which y twenty (20) working	ou assumed office or began empl days after this date disclosing fin	oyment in this position	g the preceding calendar year.	
<b>√</b>	ANNUAL STATEMI preceding year.	E <b>NT:</b> You are requir	ed to file not later than January 3	1 of each year disclosing a	all financial interests held during th	пе
	LEAVING OFFICE S	STATEMENT: You in ten (10) working	are leaving or have left your office days of that date. You must discl	on ose financial interests held	an during the preceding calendar y	nd must ear.
	CANDIDATE STAT disclosing interests I	EMENT: You must neld during the cale	file no later than ten (10) working ndar year preceding the due date	days after the deadline for of the statement.	filing as a candidate for office	
			VERIFICATION	i		
knowie	I declare that I have dge the information p	used all reasonable rovided in this form	e diligence in preparing this form, is true and correct.	that I have reviewed Item	Nos. 1 through 9, and to the bes	t of my
Date _		, 20	Signature			

## **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	м. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None	Additional sheets attache	-d
110110		Ju

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
Dave M. Kajihiro	C&C of Honolulu	Deputy Chief of Police	2013	F

<sup>&</sup>quot;F" for filer

<sup>&</sup>quot;SP" for spouse

<sup>&</sup>quot;DC" for dependent children

<sup>&</sup>quot;JT" for joint interests of the filer and filer's spouse

	report any debts of less than \$ whatever the amount. Do report  Additional sheets attached					
Person(s) Incurring Deb	ot Creditor		Original Loan Amount		Amount Outstanding	
Dave M. Kajihiro	American Savings B	ank	J		J	
Dave M. Kajihiro American Savings Ba		ank	E		D	
Dave M. Kajihiro American Savings Ba		ank	D		D	
Dave M. Kajihiro	HLEFCO		D		D	
or more or equal to 10 accounts in federal o	TERESTS IN BUSINESSES II % or more of ownership of bus r state regulated financial insticclosed under this item.  Additional sheets attached	inesses incorp	orated, regulate	ed, or licensed to carr	y on busi	ness in Hawaii. Do not report
Owner(s)	Business Name and Address	Nature of	Business	Percentage of In	terest	Value of Interest

4.	OWNERSH licensed to	IP OR INTERESTS carry on business in	<b>TRANSFER</b> Hawaii.	RED. Only report trans	fers of ownerships	or interests in businesses i	ncorporated, regulated, o
	<b>√</b> Nor	ne Addition	nal sheets at	tached			
	Own	nership or Interest		Date of Transfer			
						· · · · · · · · · · · · · · · · · · ·	
5.	organization	i, whether or not ope	erated for pr	include, but are not limit rofit. Fiduciary position ions in non-profit corpor	s also include bei	directorships, or positions as ng a majority shareholder	s trustee in any business o in a small or closely held
	✓ Non	•	al sheets att	•			
	Position	Holder	Name 8	Address of Business o	r Organization	Term of Office	Annual Compensation

6.	CREDITOR INTERE	STS IN INSOLVEN Additional shee	IT BUSINESS worth \$5,0	00 or more.			
	Holder		Name & Address o	f Business	Nature of Busine	ess	Value
7.	the preceding calend authority and do not i	dar year. Do not re	ED BEFORE CITY AGENC eport representation involved.	CIES. Only report	representation for wh natters. "Ministerial r	ich you rece natters" do	eived compensation during not require discretionar
	✓ None	Additional shee	ets attached				
	Representative		Client	City	Agency	Natur	e of Representation

None	Additional sl	neets attached			
Owner(s)	Тах Мар	Key Number & Stree	t Address	Value	Year Obtained
Dave & Grace Kajihiro	941420310000 94	-1006 Mali Street, W	⁄aipahu, HI 96797	L	1996
year. For this it	RTY TRANSFERRED	o. Only report real pro al amount of the tran	operty transferred in saction, even if it is	the City and County of Honol less than the value (as in the	ulu during the preceding calenda case of a gift).
None	Additional s	heets attached			
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Nur	mber & Street Address



# OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

RECEIVED CITY CLERK C & C OF HONOLULU

PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2013

2013 DEC 31 PM 1:53

(PRINT	OR TYPE CLEARLY)		
NAME	Marie A. McCauley	_ POSITION/ELECTIVE OFFICE _	Deputy Chief
DEPAR	RTMENT/AGENCY Honolulu Police Department	····	
NAME	OF SPOUSE Deceased		
Check	the appropriate box and fill in any applicable dates:		
	INITIAL STATEMENT: Date on which you assumed office or beg You must file within twenty (20) working days after this date disc		
<b>√</b>	ANNUAL STATEMENT: You are required to file not later than Japreceding year.	anuary 31 of each year disclosing al	Il financial interests held during the
	<b>LEAVING OFFICE STATEMENT:</b> You are leaving or have left you file a statement within ten (10) working days of that date. You m		and mus during the preceding calendar year.
	<b>CANDIDATE STATEMENT:</b> You must file no later than ten (10) disclosing interests held during the calendar year preceding the	working days after the deadline for due date of the statement.	filing as a candidate for office
	VERIF	CATION	
knowled	I declare that I have used all reasonable diligence in preparing t dge the information provided in this form is true and correct.		
Date	December 30 , 20 13 . Signatu	ire	<u>m</u> ( )
			\

## **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	M. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

1	None		Additional	sheets	attached
---	------	--	------------	--------	----------

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
larie A. McCauley	HPD	Deputy Chief	2013	F
				:

<sup>&</sup>quot;F" for filer

<sup>&</sup>quot;SP" for spouse

<sup>&</sup>quot;DC" for dependent children

<sup>&</sup>quot;JT" for joint interests of the filer and filer's spouse

Person(s) Incurring Deb	ot Creditor	·	Original Loan Amount		Amount Outstanding	
Marie A. McCauley	Aloha Pacific FCU	6	60,000 Home	Equity Loan	32,000.0	00
	TERESTS IN BUSINESSES	IN THE STATE.	Only report o	wnerships or benefic	iol intercets	
accounts in federal o	% or more of ownership of bust r state regulated financial ins closed under this item.	sinesses incorpora	ated, regulate	ed, or licensed to carry	on busines	ss in Hawaii. Do not report
accounts in federal o	r state regulated financial ins	sinesses incorpora titutions, mutual ii	ated, regulate	ed, or licensed to carry	on busines	ss in Hawaii. Do not report
accounts in federal o the fund or trust is dis	r state regulated financial ins closed under this item.	sinesses incorpora titutions, mutual ii	ated, regulate	ed, or licensed to carry	on busines ems in a m	ss in Hawaii. Do not report
accounts in federal o the fund or trust is dis	r state regulated financial ins closed under this item.  Additional sheets attached Business Name and	sinesses incorpora	ated, regulate	ed, or licensed to carn licies, or individual ite	on busines ems in a m	ss in Hawaii. Do not report utual fund or blind trust, if
accounts in federal o the fund or trust is dis	r state regulated financial ins closed under this item.  Additional sheets attached Business Name and	sinesses incorpora	ated, regulate	ed, or licensed to carn licies, or individual ite	on busines ems in a m	ss in Hawaii. Do not report utual fund or blind trust, if

4. OWN licens	ERSHIP OR INTEREST	S TRANSFER in Hawaii.	RRED. Only report transfer	s of ownerships	or interests in businesses in	ncorporated, regulated,
	None Addi	tional sheets a	ttached			
	Ownership or Interest		Date of Transfer			
organ	ization, whether or not	operated for p	s include, but are not limited profit. Fiduciary positions a tions in non-profit corporati	also include bei	directorships, or positions as ng a majority shareholder i	trustee in any business on a small or closely hel
		ional sheets at				
Position	Holder	Name 8	& Address of Business or C	rganization	Term of Office	Annual Compensation

6.	CREDITOR INTEREST			BUSINESS worth \$5,0	00 or more.			
	Holder			Name & Address o	f Business	Nature of Busin	ess	Value
			,					
<del></del> 7.	CLIENTS PERSONALL the preceding calendar authority and do not ne	year. Do	not rep	ort representation involved	CIES. Only reportions with the control of the contr	t representation for whatters. "Ministerial	nich you r matters"	received compensation duri do not require discretiona
	None	1		attached				
	Representative			Client	City	Agency	Na	iture of Representation

None	Additional s	heets attached		7-7-	
Owner(s)	Тах Мар	Key Number & Stree	et Address	Value	Year Obtained
Marie A. McCauley	3-9-070-004 CPR:	0323			
	521 Hahaione Stre	eet # 10 L, Hon, Hi 96	8825	\$471,100	2009
9. <b>REAL PROPE</b> l year. For this it	RTY TRANSFERRED	). Only report real pro al amount of the tran	operty transferred in	the City and County of Holess than the value (as in	onolulu during the preceding calendar
None		heets attached			
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key	Number & Street Address